



*Connecticut Association of Area Agencies on  
Aging Representing:  
Agency on Aging of South Central CT  
North Central Area Agency on Aging  
Western CT Area Agency on Aging  
Senior Resources - Agency on Aging Eastern CT  
Southwestern CT Agency on Aging*

### **Legislative Testimony, Human Services Committee, March 5, 2013**

The five regional Area Agencies on Aging (AAA) represent older adults, individuals with disabilities, their families and caregivers throughout Connecticut. CT Area Agencies on Aging were established in 1974 to provide leadership and resources to assist the rapidly growing population of older adults. AAA's perform comprehensive needs assessment resulting in regional three-year plans (Area Plans) to determine service and program gaps. AAA's provide stewardship for Older Americans' Act funds, which support many programs and services in communities throughout Connecticut. All Area Agencies on Aging work closely with the State Department on Aging to maintain a network of community-based services which allow older adults to forego more costly institutional care. AAA's are integral to the State's Aging and Disability Resource Center initiative designed to provide a single point of entry for CT residents struggling with the challenges of aging and disability.

### **An Act Concerning Presumptive Medicaid Eligibility for the Connecticut Home Care Program for the Elderly – Raised Bill 5919**

Presumptive Medicaid Eligibility is designed to help CT meet the federal "standard of promptness" required for determining eligibility for Medicaid-supported, long term care services and supports. If designed properly, the program will save Connecticut money by providing less expensive home-based care rather than institutional care. Presumptive Medicaid Eligibility supports the Governor's rebalancing efforts by providing the care when needed to divert an elder from institutional care, rather than encouraging the utilization of costly institutional care before supporting the individual in returning to the community via programs such as "Money Follows the Person. Presumptive Eligibility supports the premise of the Olmstead decision, where an individual may receive community supports to live in the least restrictive environment.

### **What is presumptive eligibility?**

- Allows older adults who meet basic screening criteria and have completed an application for Medicaid to get immediate access to Community-based Long Term Care Services.

- Clients would receive services including nursing, home health care, adult day, meals and medical transportation through the CT Home Care Program Medicaid Waiver without having to wait for their application to be fully processed.
- Presumptive Eligibility would provide an incentive to expedite applications from individuals seeking long term care services by prioritizing community-based Long Term Care.
- Presumptive Eligibility would hold true the promise of medical and long term care assistance to older residents meeting the financial and functional criteria established in State regulation 17b-342-1-5.

#### **Who would be affected by Presumptive Eligibility?**

- Adults age 65 and older applying to the CT Home Care Program for Elders, a diversion program that helps older adults remain in the community and forego more expensive nursing facility care.
- Older adults with individual income below \$2,022 and less than \$1,600 in assets.
- DSS eligibility staff may reorganize workflow to prioritize Long Term Care applications.

#### **Why is it important?**

- Many Long Term Care applications are filed when a person is in crisis or leaving a hospital. The time spent waiting for an eligibility decision is a dangerous time in terms of the client's health condition and the need for additional supports. If community-based services are not available due to eligibility delays, the client often re-enters critical care in either a hospital or nursing facility.
- Presumptive Eligibility supports the Administration's goal to rebalance Medicaid expenditures from institutional based care to community-based care.
- Social Service workers contracted by the State complete an assessment for the client indicating the client's level of risk without support services. The client is then left in the community at a high level of risk without supports.
- The State does not meet the federally mandated Standard of Promptness (45 days for a Medicaid eligibility decision).
- The medical and social assistance provided to clients support the efforts of the family caregivers so that the State's efforts are supplemented rather than supplanted.

#### **How will the legislation impact the budget?**

- The CT Home Care Program explores eligibility for approximately 2,157<sup>1</sup> clients annually.
- The State of Connecticut could save \$6,033<sup>2</sup> per month for every client presumptively determined eligible rather than paying for institutional care. **(If we prevent premature institutional care for even one month for 25% of the 2,157 applicants, Connecticut would save \$3,251,787)**

- Kaiser Foundation reports a less than 2% error rate in eligibility decisions for States implementing Presumptive Eligibility (estimate <\$200,000 in erroneous payments).
- A two percent margin of error would cost the State \$193,500 (43 clients x \$1,500/month x 3 months) in un-reimbursable expense for a net gain of **\$3,058,287.**

**1 & 2** - Monthly Report – Alternate Care Unit, December 20, 2012 report provides year to date July 1, 2011 – June 30, 2012. [http://www.ct.gov/dss/lib/dss/pdfs/reports/chcpe\\_2011.pdf](http://www.ct.gov/dss/lib/dss/pdfs/reports/chcpe_2011.pdf)

For further information on programs and services offered through the Connecticut Association of Area Agencies on Aging:

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